

Michigan Department of Community Health
Board of Nursing Home Administrators
P.O. Box 30670
Lansing, Michigan 48909
(517) 335-0918
www.michigan.gov/healthlicense

NURSING HOME ADMINISTRATOR RELICENSURE INSTRUCTIONS

Authority: P.A. 368 of 1978, as amended
This form is for information only.

NOTE: It is your responsibility to have all required documentation sent to the Board of Nursing Home Administrators. Questions regarding your application can be directed to the Michigan Board of Nursing Home Administrators at (517) 335-0918 three weeks after the date you sent the application. Please allow 4-6 weeks processing time. If an applicant fails to complete the requirements for licensure within two years from the date of filing the application, the application and fee are no longer valid.

GENERAL INSTRUCTIONS FOR RELICENSURE

1. Type or print legibly on all forms and send original application, with the proper fee, to the Board of Nursing Home Administrators. An application accompanied by the appropriate fee is valid for two years. Applications submitted without the required licensing fee, the applicant's signature and date will be returned.
2. Submit the required 36 hours of board-approved continuing education credits earned within the 2 years immediately preceding the application for relicensure. Additional information about the continuing education requirements for Michigan are available on-line at www.michigan.gov/healthlicense.
3. Verification of licensure from any state where you hold or have ever held a permanent nursing home administrators license. A form is enclosed for this purpose and may be copied as needed. As most states charge a fee for this service, you should contact each state board to determine if a fee is required prior to sending them the form for completion. The Verification of Licensure Form must be sent to the Michigan Board directly from the state(s) where you are or have been licensed.
4. If your Michigan NHA license expired more than 3 years ago and you are currently licensed as a NHA in another state, you must take and pass the Michigan NHA examination. As soon as your relicensure application and fee are received, you will be sent information about how to register on-line for the Michigan NHA examination.
5. If your Michigan NHA license expired more than 3 years ago and you are not currently licensed as a NHA in another state, you must take and pass both the National and Michigan NHA examinations. As soon as your relicensure application and fee are received, you will be sent information about how to register on-line to take the examinations.

GENERAL INFORMATION

1. **NAME AND/OR ADDRESS CHANGES:** If your name and/or address changes please notify the Board of Nursing Home Administrators in writing. To change a name or address, you can download the [Data Change/Duplicate License Request Form](#) from our website www.michigan.gov/healthlicense and fax it to (517) 373-2179 or mail the form to Bureau of Health Professions, PO Box 30670, Lansing, MI 48909. Telephone calls are NOT accepted for these changes.
2. **REFUND POLICY:** If you wish to withdraw your application, you may be eligible for a partial refund. You must notify the Board of Nursing Home Administrators in writing to request a refund.

3. ***If you require special testing accommodations because of a disability, you must submit a letter indicating the accommodation requested and your disability. You must also submit a letter verifying the disability and the requested accommodation from a licensed health provider capable of making the diagnosis. In addition, please include a letter or other documentation from school personnel verifying the accommodations made during your education. These documents should be included when you submit your license application and preferably prior to that date. The information should be sent to: Department of Community Health, ADA/Applications, Bureau of Health Professions, P.O. Box 30670, Lansing, MI 48909.***

ORIGINAL LICENSES ARE VALID FOR ONE YEAR OR LESS; SUBSEQUENT RENEWALS ARE GOOD FOR A TWO-YEAR PERIOD.

APPLICATION FOR RELICENSURE

Authority: Public Act 368 of 1978, as amended
If this form is not completed, a license will not be issued

Type or Print Only

I AM APPLYING FOR THE FOLLOWING: (Check One Only)

- ☐ Relicensure - Fee: \$95.00 71-4801-06
(within three years of license expiration date)
- ☐ Relicensure by Examination - Fee: \$95.00 71-4801-06
(more than three years after license expiration date)

Board Use Only

License Number

Date of Licensure

Your check or money order drawn on a U.S. financial institution and made payable to the **STATE OF MICHIGAN** must accompany this application.
DO NOT SEND CASH. Fees are deposited upon receipt and can only be refunded under refund rules promulgated by the Department.

First Name	Middle Name	Last Name
U.S. Social Security Number	Date of Birth	Daytime Telephone Number
Street Address		
City	State	ZIP Code
All Previous Names and/or Birth Name Used (if applicable)		
Has your Michigan nursing home administrator license been lapsed more than three years? <input type="checkbox"/> No <input type="checkbox"/> Yes		Michigan Permanent I.D. Number and Expiration Date

Check the appropriate answer to each of the following questions. NOTE: Attach a detailed explanation for any Yes answer you check.

1. Have you ever been convicted of a felony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Have you ever been convicted of a misdemeanor punishable by imprisonment for a maximum term of 2 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Have you ever been convicted of a misdemeanor involving the illegal delivery, possession, or use of alcohol or a controlled substance (including motor vehicle violations)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Have you been treated for substance abuse in the past 2 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Have you had 3 or more malpractice settlements, awards, or judgments totaling \$200,000 or more in any consecutive 5 year period	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Have you had one or more malpractice settlements, awards, or judgments totaling \$200,000 in any consecutive 5 period?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Name

7. Have you ever had a federal or state health professional license revoked, suspended, or otherwise disciplined; been denied a license; or currently have disciplinary action pending against you?

☐ Yes ☐ No

8. Have you ever been censured, or requested to withdraw from a health care facility's staff or had your health care facility staff privileges involuntarily modified?

☐ Yes ☐ No

List the state(s) in which you hold or have ever held a license or registration for your profession, the license number, the date issued, and how the license was obtained (either endorsement or examination). **DO NOT LIST TEMPORARY LICENSES. You must have each state board verify licensure or registration directly to this board office. (Attach additional sheets if necessary.)**

State	License Number	Date of Issue	How obtained (Endorsement or examination)

If your license expired **more than 3 years ago**, please check the appropriate box below:

☐ I **do hold** a current license or registration in another state and must take the Michigan examination.

☐ I **do not hold** a current license or registration in another U.S. Jurisdiction and must take and pass both the Michigan and national examination.

CERTIFICATION

I understand that it is the policy of this agency to secure a criminal conviction history as part of the pre-licensure screening process. I authorize this agency to use the information provided in this application to obtain a criminal conviction history file search from the Central Records Division of the Michigan Department of State Police or other law enforcement or judicial record-keeping organization.

I further consent to the release of information to this agency regarding any disciplinary investigations conducted by a similar licensure, registration, or specialty certification board of this or any other state, of the United States military, of the federal government, or of another country.

The statements in this application are true and correct. I have not withheld information that might affect the decision to be made on this application. In signing this application, I am aware that a false statement or dishonest answer may be grounds for denial of my application or revocation of my license and that such misrepresentation is punishable by law.

Signature of Applicant

Date

Michigan Department of Community Health
Bureau of Health Professions
P.O. Box 30670
Lansing, MI 48909
www.michigan.gov/healthlicense

VERIFICATION OF LICENSURE OR REGISTRATION IN ANOTHER STATE

Authority: Public Act 368 of 1978, as amended.

PART I: To be completed by the applicant and forwarded to the appropriate State Licensing Board for completion.

Check the profession for which you are requesting verification.		
<input type="checkbox"/> Chiropractic <input type="checkbox"/> Counseling <input type="checkbox"/> Dentistry <input type="checkbox"/> Marriage & Family Therapy <input type="checkbox"/> Medicine	<input type="checkbox"/> Nursing <input type="checkbox"/> Nursing Home Adm. <input type="checkbox"/> Occupational Therapy <input type="checkbox"/> Optometry <input type="checkbox"/> Osteopathy	<input type="checkbox"/> Pharmacy <input type="checkbox"/> Physical Therapy <input type="checkbox"/> Physician's Assistants <input type="checkbox"/> Podiatry <input type="checkbox"/> Psychology
<input type="checkbox"/> Sanitarians <input type="checkbox"/> Social Work <input type="checkbox"/> Veterinary		
First Name	Middle Name	Last Name
Previous Names Used	Date of Birth	U. S. Social Security Number
State Board	License Number	Date of Issue

The applicant listed above has applied for licensure in Michigan and has indicated licensure in your State.
Please complete Part II of this form and return it to the appropriate Michigan Board at the address shown above.

PART II: To be completed by the State Licensing Board.

Type of License:	Original Issue Date	Expiration Date
Basis for Issuance of License:		
<input type="checkbox"/> Examination - Please indicate type of exam (National, Regional, State, etc.) _____		
<input type="checkbox"/> Endorsement - Please indicate name of state _____		
License Status	Has the applicant incurred any formal or informal actions in your State?	
<input type="checkbox"/> Current <input type="checkbox"/> Lapsed <input type="checkbox"/> Inactive	<input type="checkbox"/> No <input type="checkbox"/> Yes - If Yes, Please attach certified copies of any actions.	
Are formal or informal actions pending?	Has the applicant's license ever been limited, denied, surrendered, reprimanded, suspended or revoked?	
<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	

CERTIFICATION

I hereby verify, to the best of my knowledge, the information above is true to the records of this Board.

Signature

Date

Type or Print Name

(S E A L)

Title

Full Name of Licensing Board